



SUBMISSION TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

JULY 2019

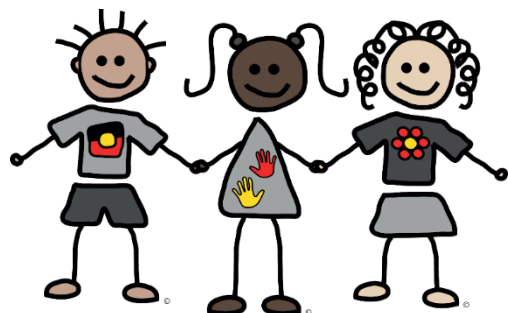


Victorian Aboriginal Children
& Young People's Alliance

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Acknowledgement of Country

The Victorian Aboriginal Children and Young People's Alliance (the Alliance) wishes to acknowledge the Traditional Owners of Australia, and pay respects to Elders, past, present and emerging.

The Alliance wishes to acknowledge that Aboriginal people in Australia are the oldest continuing culture in the world and for more than 60,000 years they have flourished in strong families and communities. At the core of Aboriginal cultures is holistic understanding and way of life that saw our people live in harmony with each other and the land. This wisdom has been passed down from our ancestors and through their continued, enduring resilience. It is our hope that Aboriginal knowledge systems and ways of being continue to be recovered, reaffirmed, and celebrated in the wider Australian society.

The Alliance also wishes to acknowledge and pay tribute to the tireless work of our Aboriginal Elders, leaders and community who continue to advocate for self-determination and the health and wellbeing of our communities. They have carried hope and advocated for change, against adversity and systemic racism, to bring us to where we are now. It is on their shoulders that the Alliance Members and Aboriginal communities continues to improve outcomes for our children and young people.

Lastly, the Alliance wants to acknowledge the Victorian government and the public service for their commitment to Aboriginal self-determination. The acknowledgement that self-determination is not only an inalienable right for Indigenous communities, but delivers the best outcomes for Aboriginal people, is now entrenched in the Victorian government commitments and the Alliance looks forward to continue this work and the ongoing journey to self-determination.



Definitions

Mental Health

To begin the Alliance would like to draw attention to the nuanced definitions of mental health and mental illness, and the problematic nature of the Commission's inquiry pertaining to improving 'a mental health system'.

The Alliance believes the terminology of mental health, and reference to a mental health system, is clinical, individualistic, pathologising and exclusionary. It fails to account for the impact of trauma on an individual's wellbeing, their social codependency and interaction with social, political, historical and cultural determinants of health.

Through the current and historical lens of 'mental illness' a focus is placed on the individual, distinct from their context, and the cause of mental illness is placed on potential biological deficits. The existing mental health system is built around this premise, and it is for this reason it is failing Victorians and manifestly failing Aboriginal people living in Victoria.

Acknowledging the Commission's scope to focus on early intervention and prevention, the Alliance would like to advocate for a more holistic approach to mental wellness, one that takes trauma and the social determinants of health into account and is human-centred: a wellness approach that offers protective factors to achieve mental wellness throughout life.

Typically people enter the current mental health system at a time of crisis, and while these crisis interventions are sometimes

required the reactionary nature of the system is ill-equipped to offer a full suite of prevention and early intervention. The Alliance recommends a wellness model of prevention and early intervention be embedded and invested in through community development, education and health systems.

The modelling for this and evidence of its success is starting to emerge within our communities across Victoria, and in First Nation communities internationally, where our ACCOs are offering wrap-around community health and wellbeing services for Aboriginal communities. It is with great pride that we share these stories of success and demonstrate the resilience within Aboriginal communities to embark on journeys of healing and transformation.

Aboriginal Definition of Mental Health and Social and Emotional Wellbeing

The Alliance notes that there is no one definition of Aboriginal mental health in the Australian health landscape, and will refer to *Balit Murrup*¹ as the Victorian Aboriginal communities' definition of mental health and its relation to social and emotional wellbeing. *Balit Murrup* meaning 'Strong Spirit' in the Woi-wurrung language was developed by the Victorian government in partnership with Aboriginal leaders and communities. It recognises seven domains to social and emotional wellbeing (the inner circle) which include

- connection to body
- connection to mind and emotions
- connection to family and kinship
- connection to community
- connection to culture
- connection country
- connection to spirituality and ancestors



The outer circle includes outside factors that can influence an individual's wellbeing:

- Social determinants
- Political determinants
- Cultural determinants
- Historical determinants

Framing mental health within the context above illustrates the multi-faceted nature for achieving mental health and wellbeing within individuals and communities (inner circle) and the interplay of these individuals and communities with the wider socio-political-historical-cultural context (Australian society). Inevitably the ability of a family to obtain adequate standards of living, have pride of Aboriginal history and culture within the wider society, and interact with mainstream and non-Aboriginal society free from racism and discrimination will have positive impacts of mental health and social and emotional wellbeing. As such the Alliance would like to endorse the social sectors advocacy around welfare, affordable housing and raising standards of living and addressing other social determinants of health².

The Alliance would also like to pay homage to the work being led by Aboriginal leaders in securing Treaty or treaties for Aboriginal communities in Victoria and acknowledge this will have significant influence of the political, historical and cultural determinants of health for present and future Aboriginal communities.

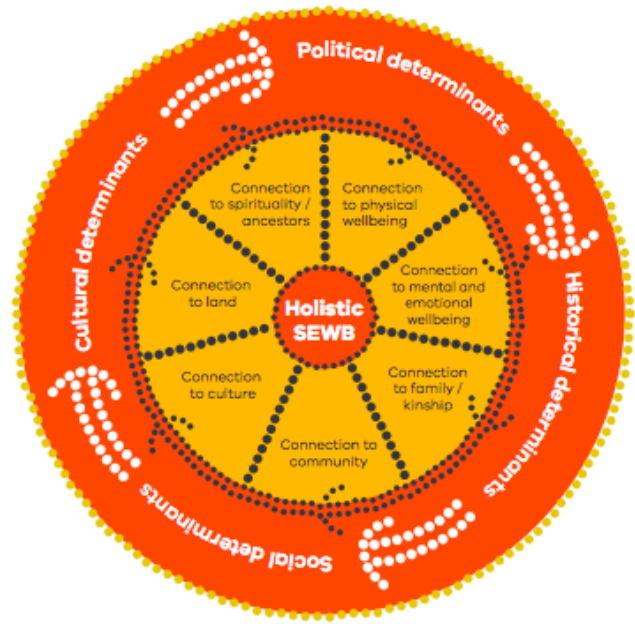


Figure 1: The social and emotional wellbeing model outlined in Balit Murrup



Existing Policy Frameworks around Aboriginal Social and Emotional Wellbeing and Mental Health

The Alliance wants to acknowledge the multiple consultations and resulting reports, frameworks and strategies developed by Commissions, government departments and universities into the mental health and social and emotional wellbeing of Aboriginal and/or Torres Strait Islanders.

Over the duration of five years (2013-2018) there has been 16 policy documents with strategies to improve Aboriginal and/or Torres Strait Islander mental health, social and emotional wellbeing and suicide prevention, with little resulting action from state and federal governments³.

On a national level the numerous inquests into Aboriginal youth suicides, also with little resulting action, is of particular concern to the Alliance, with a 2017 inquiry noting that 700 recommendations have been made across 40 inquiries since 2003⁴.

Time and time again, Aboriginal communities across Australia have shared their stories, their time and their expertise in the hope that they will be heard and things will change. Often this has come at the expense of their own personal wellbeing or drained the precious resources of Aboriginal Community-Controlled Organisations.

Keeping this in mind, the Alliance would like to draw the attention of the Commissioners to the following reports, and their recommendations outlined in Appendix 1.

We would also like to draw attention to the excellent work of Victorian Aboriginal Communities and the Victorian government, for some truly progressive policies:

Victorian Aboriginal Affairs Framework (2018-2023)

An overarching framework for how government should work with Aboriginal communities, people and organisations which, *“sets out the whole of government self-determination enablers and principles, and commits government to significant structural and systemic transformation.”*⁵

According to Victorian Premier Daniel Andrews, the VAAF is a *“new way of doing business. A new approach to Aboriginal affairs, with the voices of Aboriginal people at its heart. Because, a decade on from the Closing the Gap agreement, there is no more evident truth: we only achieve better outcomes for Aboriginal people when that all-important work is led by Aboriginal people.”*⁶

As outlined in the VAAF the Victorian government has committed to four self-determination enablers:

- prioritise culture
- address trauma and support healing
- address racism and promote cultural safety
- transfer power and resources to communities

Despite a "whole of government commitment" in several iterations of the VAAF (formerly VIAF), individual governmental departments have consistently failed to adhere to the framework's guiding principles.



Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan (2017-2027)

Korin Korin Balit-Djak means 'Growing very strong' in the Woi-wurrung language. It provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians now and over the next 10 years. It includes five domains:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.

Balit Murrup Aboriginal social and emotional wellbeing framework (2017–2027)

Balit Murrup means Korin Korin Balit-Djak Artwork 'Strong Spirit' in the Woi-wurrung language. The four domains are:

- improving access to culturally responsive services
- supporting resilience, healing and trauma recovery
- building a strong, skilled and supported workforce
- integrated and seamless service delivery

Wungurilwil Gapgapduir- Aboriginal Children and Families Agreement

Wungurilwil Gapgapduir means 'strong families' in Latji Latji, is a tripartite agreement between the Aboriginal community, Victorian

Government and community service organisations. It covers five objectives:

- encourage Aboriginal children and families to be strong in culture and proud of their unique identity
- resource and support Aboriginal organisations to care for Aboriginal children, families and communities
- commit to culturally competent and culturally safe services for staff, children and families
- capture, build and share Aboriginal knowledge, learning and evidence to inform practice
- prioritise Aboriginal workforce capability.

It is not our intention to rewrite the policy context of these in length, but rather reaffirm them as strategies developed with lengthy consultation with Aboriginal communities, in line with the Victorian government's commitment to self-determination.

These strategies provide a vision, framework and action plan to improve the health and wellbeing of Aboriginal Victorians.

Developed in conjunction with the Victorian government, they signal the government's commitment to self-determination and they are at varying stages of being implemented across Victoria.

We cannot risk to lose the political will to see these reach full implementation, and the Alliance requests that the Commission investigate ways to see these operationalised throughout Victoria in the years to come.



Recommendations

The Royal Commission into Victoria's Mental Health System:

- Reinforce the role of self-determination as the foundation of improving wellbeing of Aboriginal people in Victoria
- Recognise and reiterate the importance of the aspirations set in the Victorian Aboriginal Affairs Framework, Korin Korin Balit-Djak, Wungurilwil Gapgapduir and Balit Murrup
- Ensure any further recommendations from the Commission are consistent with, compliment and build the existing commitments outlined in the documents above



About Us

The Victorian Aboriginal Children and Young People's Alliance (the Alliance) is an alliance of 14 Aboriginal Community Controlled Organisations (ACCOs) registered to deliver child and family services through the Human Services Standards under the Child, Youth and Families Act (2005).

The 14 ACCOs are:

Ballarat & District Aboriginal Co-operative	Mungabareena Aboriginal Corporation
Bendigo & District Aboriginal Co-operative	Murray Valley Aboriginal Co-operative
Dandenong & District Aboriginal Co-operative	Njernda Aboriginal Corporation
Gippsland & East Gippsland Aboriginal Co-operative	Ramahyuck District Aboriginal Corporation
Goolum Goolum Aboriginal Co-operative	Rumbalara Aboriginal Co-operative Ltd
Gunditjmara Aboriginal Co-operative Ltd	Wathaurong Aboriginal Co-operative
Mallee District Aboriginal Services	Winda-Mara Aboriginal Co-operative

We are for Community, by Community: our members have been delivering health, wellbeing and safety services for more than 45 years to Aboriginal communities across Victoria. We are informed by the Aboriginal definition of health and wellbeing, and we have incorporated this holistic approach into our service design and delivery to see the whole being, not the sum of the parts. To varying degrees our organisations have become cultural and community hubs, offering wrap-around services to close the gap in health and wellbeing inequalities in Aboriginal communities.

In addition to providing primary health services some of our Member organisations offer:

- Family Support Services: including early intervention & parenting supports
- Out-of-Home Care (OOHC) services
- Early learning and early years programs
- Family Violence prevention programs
- Drug & Alcohol Services
- Maternal and Child Health
- Women's Groups
- Men's Groups
- Youth Groups
- Justice Programs
- Social and emotional wellbeing support



In 2014, we formed the Victorian Aboriginal Children and Young People's Alliance, with the belief that together we are stronger and with one unified voice we can positively influence the future for Aboriginal children and young people living in Victoria.

Together with the Victorian Aboriginal Child Care Agency (VACCA), we will be responsible for overseeing the social and emotional wellbeing of Aboriginal children and young people in OOHC through their care and case management. By 2021, all Aboriginal children and young people will be in the care of ACCOs.

The Alliance has a crucial role in driving change to achieve better outcomes for Aboriginal children and young people.

Our Vision

Aboriginal children and young people have every opportunity to thrive and be raised safely in Aboriginal families and communities



Executive Summary

The Alliance welcomes the opportunity to make a submission to the Royal Commission into Victoria's Mental Health System and thanks the Commissioners for their work and efforts to find alternative solutions to improve the mental health and wellbeing of our people.

The Alliance acknowledges the impetus for the call for a Royal Commission, in the Minister of Health Martin Foley's own words a new approach and new system is needed, as the current is "broken and its foundations are crumbling." Most importantly, as Minister Foley points out, the current system is failing Victorians.

This is no more the case than within Victoria's Aboriginal communities, where an individualistic, clinical, pathologising and siloed mental health and child protection system is failing to ensure the social and emotional wellbeing of Aboriginal children, young people, families and communities.

But hope remains, and with the recent reforms in Victoria's child and family services space, Aboriginal communities are driving change.

We are planning and preparing for the future, and leading the nation in Aboriginal self-determination. We know what works and we are determined to design and deliver the best outcomes for our children and young people.

Our vision is aspirational because it needs to be; the current child protection model is failing to protect, preserve and positively influence the social and emotional wellbeing

of our children, our families and our communities.

Our vision is to prevent the need for child protection, and to protect and positively influence the social and emotional wellbeing of our children once they enter OOHC.

In many cases, child protection practices have done more harm than good, resulting in Aboriginal children being disconnected from their families, community and culture. Traumatized children with a known history of child abuse and neglect are left in a state of limbo without adequate supports or protective factors- which can result in long-term mental illness, incarceration and/ or substance abuse.

We carry a monumental responsibility to transform the trajectory that Aboriginal children in OOHC are currently on, but without full government transparency around its commitments to transfer "resources, power and control" ⁷ to ACCOs we are steering the ship blind.

In Victoria, Aboriginal children and young people are 15.8 times more likely to be removed from their homes than non-Aboriginal children⁸. Without significant investment to transform the current system and address the drivers behind the need for child protection intervention, numbers of Aboriginal children in OOHC are expected to triple by 2037⁹.

Our greatest challenge is that we carry the responsibility of improving the outcomes for Aboriginal children and their families without the resources to build our infrastructure, workforce and evidence base, to deliver on the opportunities in front of us.



Our Six Priorities Areas

- 1 Advance self-determination
- 2 Invest in flexible, culturally appropriate and local based early intervention
- 3 Invest in Culture
- 4 Build and support Aboriginal Workforce
- 5 Support and recruit carers
- 6 Develop and embed an evidence base for a cultural model of care



Recommendations

To protect and positively influence the social and emotional wellbeing of Aboriginal children, young people, families and communities interactions with child protection and OOHC the Alliance recommends:

1. The Royal Commission into Victoria's Mental Health system:
 - Reinforce the role of self-determination and wellbeing of Aboriginal people in Victoria
 - Recognise and reiterate the importance of the aspirations set in the *Victorian Aboriginal Affairs Framework*, *Korin Korin Balit-Djak*, *Wungurilwil Gapgapduir* and *Balit Murrup*
 - Ensure any further recommendations from the Commission are consistent with, compliment and build the existing commitments outlined in the documents above.
2. Conduct a roundtable specifically looking at the impact of child protection and out of home care on Aboriginal children and young people, their families, carers and communities.
3. Reform child and family service funding models to ACCOs to ensure they are long term.
4. Invest in flexible early intervention, prevention and family strengthening models at ACCOs through funding that is flexible, long term and outcomes based.
5. Increase cultural brokerage so that it is in line with a child's cultural needs decided by the local ACCO (this amount is currently \$425 per year)
6. Give greater responsibility to ACCOs to oversee the implementation of cultural plans.
7. Assign greater responsibility and accountability to carers to see that the cultural plans are followed.
8. Invest in cultural and language programs at local ACCOs and return to Country camps.
9. Provide pay parity for Aboriginal staff working at ACCOs to be equal to government staff.
10. Provide Aboriginal weighting to account for cultural knowledge and cultural load.
11. Provide sufficient resources to allow for backfill, supervision and cultural leave.
12. Raise the level of kinship payments to be on par with foster payments.
13. Increase cultural brokerage so that it is in line with a child's cultural needs decided by the local ACCO (this amount is currently \$425 per year).
14. Assign greater responsibility and accountability to carers to see that the cultural plans are followed.
15. Invest in cultural and language programs at local ACCOs and return to Country camps.
16. Resource ACCOs to develop and enable the implementation of cultural support plans for every Aboriginal child and young person in out of home care which includes:



- Return to Country cultural support worker
 - Cultural support persons/Aboriginal mentors
 - Access to genealogy records and services
 - Socialisation/recreational activities with other young Aboriginal people
17. Fund ACCOs to run kinship carers support groups and yarning circles
 18. Investigate models of respite care/daycare/after school care for Aboriginal children and young people in OOHC.
 19. Design a central dashboard report card to capture the picture of Aboriginal children in OOHC in Victoria, including statistics such as the number of children in OOHC, number of reunifications and reasons for Aboriginal children entering care.
 20. Develop an evidence base to support the concept of a cultural model of care.
 21. Establish an independent, Aboriginal-led and designed inquiry into the social and emotional wellbeing of Aboriginal children and young people who come in contact with child protection and OOHC.



Mental Health Outcomes for Aboriginal Children in Out-of-Home-Care

Aboriginal children and young people in OOHC could be the most at-risk population of poor mental health in the nation¹⁰. While there exists a wide breadth of study into Aboriginal social and emotional wellbeing, and the social emotional wellbeing of children traumatised by abuse, there is little research combining the intersectionality of Aboriginality and OOHC, despite their overrepresentation in the system¹¹.

To illustrate the multiple risk factors facing Aboriginal children and young people who have been removed from their homes, we have drawn together evidence regarding:

1. the poorer mental health and social and emotional wellbeing of Aboriginal peoples
2. the high rates of mental health concerns and intellectual disabilities found in Taskforce 1000
3. the poorer mental health and social and emotional wellbeing of children in OOHC (overall population)
4. the impact of childhood abuse/or neglect on mental health (overall population)
5. the poorer life outcomes of OOHC children leaving care and the correlation between social disadvantage and mental health (overall population)
6. the poorer life outcomes of Aboriginal children forcibly removed from their families through the Stolen Generation

1. The poorer mental health and social and emotional wellbeing of Aboriginal peoples

We know that Aboriginal people are three times more likely to suffer from a long-term mental illness than the general population, and twice as likely to die by suicide as the general population¹². Aboriginal children aged 14 years and under are/eight times more likely to suicide than non-Aboriginal children and suicide is the leading cause of death of Aboriginal young people aged 15 to 24 years¹³.

2. The high rates of mental health concerns and intellectual disabilities found through Taskforce 1000

The Commission for Children and Young People's *Taskforce 1000*¹⁴ review of the cases of Aboriginal children in OOHC found 22 percent of Aboriginal children and young people had a diagnosis of a mental health issue. The Commissioners also raised concerns regarding the high levels of children under the age of five who presented with mental health issues.

Taskforce 1000 also found that 14 percent of the Aboriginal children in OOHC had a reported disability, compared to the overall population which has 6.6 percent. Of the reported disabilities, 65 percent were reported to be intellectual disabilities, including Autism and ADHD. Given the potential for trauma to be misdiagnosed as an intellectual disability, and the known impact of complex trauma on cognitive functioning¹⁵, the Commission recommended that "DHHS, in collaboration with pediatricians in ACCOs, assess and review the diagnosis and treatment of Aboriginal children in OOHC who have been diagnosed



with a disability, including Autism spectrum disorder, FASD and ADHD, using a culturally appropriate and trauma informed approach¹⁶.

3. The poorer mental health and social and emotional wellbeing of children in OOHC (overall population)

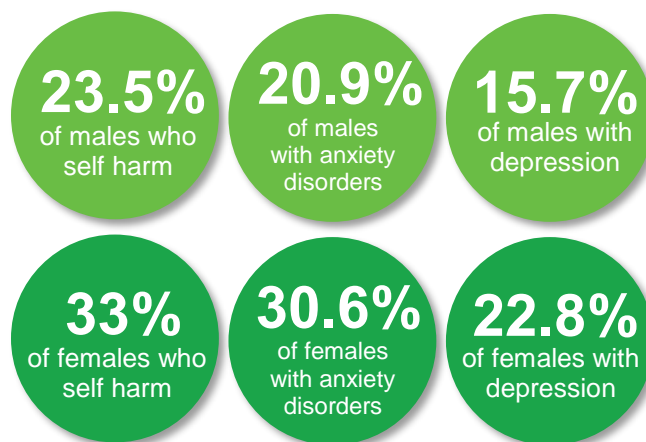
The alarming poor mental health of children in OOHC requires urgent attention, with Looking After Children (LAC) data revealing that 42 percent of children and young people in OOHC displayed significantly higher emotional and behavioural difficulties compared to 10 percent in the general population¹⁷.

Reflecting the findings of Taskforce 1000, a study by Sydney Children's Hospital also found a high prevalence of mental health problems in preschool children in OOHC¹⁸. The study found age of entry into care and the number of placements a child faces are the most significant contributing factors to increasing the prevalence of mental ill-health. There was an 18 percent increase in mental health problems for each additional year of age at entry into care. There was a 15 percent increased rate of mental health problems for each additional placement.

4. The impact of childhood abuse/or neglect on mental health (overall population)

We know that in most cases children are removed from their homes due to child abuse and/or neglect. While it is important to acknowledge that not all children who have suffered abuse and/or neglect go on to develop poor mental health, alarming data indicates its significant impact on the mental health outcomes. A study looking at the

social and economic costs of child maltreatment¹⁹ found that for the overall population, child abuse and/or neglect was a major underlying factor in:



Research shows that people who experience trauma during childhood or adolescence have double the risk of experiencing a range of mental health disorders- with one in four developing PTSD²⁰.

5. The poorer life outcomes of OoHC children leaving care and the correlation between social disadvantage and mental health (overall population)

The poorer life outcomes for children in OOHC are also well documented: they are more likely to experience homelessness, substance abuse, difficulty finding secure housing and employment, relationship breakdowns or transition to the criminal justice system²¹.

Victoria's Aboriginal children and young people in OOHC are 16 times more likely than the general population to be under youth justice supervision within the same year²².



6. The poorer life outcomes of Aboriginal children forcibly removed from their families

The *Bringing them home: the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*²³ found that the policies and practices of removal had multiple and profoundly disabling effects on individuals, families and communities, including across generations.

This report highlighted that children removed from families were:

- more likely to suffer low self-esteem, depression and mental illness;
- more likely to come to the attention of the police as they grew into adolescence;
- more vulnerable to physical, emotional and sexual abuse;
- almost always taught to reject their Aboriginality and Aboriginal culture;
- unable to retain links with their land;
- unable to take a role in the cultural and spiritual life of their former communities.

Without an extensive and thorough look at the social and emotional wellbeing of Aboriginal children and young people who come into contact with child protection, there is no way to know the specific issues and vulnerabilities facing Aboriginal children in OoHC, and plan supports and interventions as required.

Recommendation

The Royal Commission conduct a roundtable specifically looking at the impact of child protection and OoHC on Aboriginal children and young people, their families, carers and communities



Over-Representation of Aboriginal Children in Out of Home Care

Victoria has one of the highest rates of overrepresentation of Aboriginal children and young people in OOHC in the nation and in the world. In 2016, Andrew Jackomos, Victoria's first Commissioner for Aboriginal Children and Young People, brought to light a devastating statistic: Aboriginal children and young people make up 20 percent of the OOHC population despite being 1 percent of the overall Victorian population²⁴. Drawing on statistics from the 2014/2015 AIHW report, *Always Was Always Will Be Koori Kids*, Aboriginal children were 12.9 times more likely than the general population to be removed from their homes²⁵. This number has since grown to 15.8, making Victoria's rate of removal the second highest in the nation²⁶.

The rate of Aboriginal children in Victorian in OOHC is significantly higher than comparable First Nation child removals in international jurisdictions. The Commission for Children and Young People's inquiry, *In the Child's Best Interests*, found that in 2016 the Victorian rate of Aboriginal children represented in OOHC is more than double the rate of Indigenous children in Canada and more than 10 times the rate of Maori children in New Zealand²⁷.

The rapid rate of removal of Aboriginal children in Victoria is of grave concern. Since Kevin Rudd's apology to the Stolen Generations in 2008, the rate of removal in Victoria has increased by 217 per cent from 660 in 2008 to 2,091 in 2017²⁸.

On a national level, the rate of Aboriginal children removed from their homes is expected to triple by 2037 unless immediate and urgent action is taken²⁹.

As an alliance tasked with the future care and case management of Aboriginal children and young people in OOHC with few resources on the ground, little infrastructure, and a scarce workforce, we are determined—but deeply concerned—about fulfilling our capacity to meet this growing need and demand for our services. The priority areas we have outlined below include not only our aspirations but also our requirements to meet this huge responsibility to protect and positively influence the social and emotional wellbeing of at risk Aboriginal children and young people.



Priority Area One: Advance Aboriginal Self-Determination

Policy Reform in Victoria

The Alliance wishes to commend the Victorian government in the advancement of Aboriginal self-determination and recognition that self-determination is a prerequisite in closing the gap for all health and wellbeing outcomes. This recognition is supported by irrefutable evidence that Aboriginal self-determination delivers the best outcomes for Aboriginal people³⁰. Nowhere is this truer than in the OoHC space, where Victoria is leading the way in self-determination, with Aboriginal communities taking legal guardianship of Aboriginal children and young people in OoHC.

One of the major milestones for Aboriginal self-determination was in 2005, when the Victorian government passed Section 18 of the Children, Youth and Families Act, legislating that ACCOs could see legal guardianship of Aboriginal children and young people in OoHC. The move recognised that Aboriginal communities were best placed to make decisions for and look after Aboriginal Children and that ACCOs could provide many protective factors to achieve the best life outcomes for at risk Aboriginal children, young people, families and carers.

Yet, *Always was, always will be Koori Children* inquiry, gave a damning report into the overrepresentation of Aboriginal children and young people, the severe lack of adherence to the requirements to promote and preserve cultural rights, and a failure to

abide by the Aboriginal Child Placement Principle (ACPP).

Of the inquiry's many findings and recommendations, the Commission reinforced the role of ACCOs in protecting and nurturing the cultural identity of Aboriginal children and young people, leading to greater health and wellbeing outcomes.

The inquiry also recommended the investment in ACCOs from the DHHS to provide holistic supports, early intervention and prevention and become "a multi-disciplinary, one-stop community hub for Aboriginal children and families in their communities."³¹ The lack of Aboriginal children being case managed by ACCOs was not due to a lack of will from Aboriginal communities but rather from a severe lack of resources and funding to provide for the holistic care Aboriginal children and young people required.

Building on the initial findings of *Taskforce 1000* and the abysmal upkeep of Aboriginal cultural rights, Victorian Community Sector Organisations (CSOs), in partnership with Victorian ACCOs, sought to systematically account for, and address, the structural barriers to realising Aboriginal self-determination and recognising the inalienable right of Aboriginal communities to make decisions, and provide care and support for, Aboriginal children and young people.

The *Beyond Good Intentions* (BGI) statement acknowledged the CSOs- through decades of access to government funding, reach and influence- had created a "competitive advantage" and, without redress, aspirations of self-determination and rightful authority of Aboriginal communities to care and support their children and families



voiced unanimously across the sector would be no more than “good intentions”³². The pioneering statement called for a restorative approach which is required to reinstate Aboriginal communities with the resources and authority that colonisation had swept away.

Building on the momentum of the commitment of BGI, and later commitment of the Victorian government in 2015, much has happened to date to “transfer and transform” the care of Aboriginal children and young people from government and mainstream CSOs to ACCOs.

In 2018 *Wungurilwil Gapgapduir* (meaning strong families in Latji Latji) formalised this commitment, and became the first tripartite agreement of its kind in Australia.

The guiding principle of *Wungurilwil Gapgapduir* recognises that Aboriginal self-determination delivers better health outcomes for Aboriginal communities. It also recognises that Aboriginal children who are cared for by an ACCO have a greater connection to culture and community, which can lead to better health and wellbeing outcomes.

Operationalising Wungurilwil Gapgapduir

The path to self-determination is not without its challenges and, as the journey in Victoria illustrates, is still an ongoing progress. Beyond the commitments and best intentions of the Victorian government, there are still fundamental flaws in the provision of long-term and equitable funding needed to secure the sustainability of ACCOs to provide fundamental supports to at risk children and families, and deliver on the responsibilities of Section 18.

Recommendations

- Reinforce the role of self-determination as the foundation of improving wellbeing of Aboriginal people in Victoria
- Recognise and reiterate the importance of the aspirations set in the Victorian Aboriginal Affairs Framework, Korin Korin Balit-Djak, Wungurilwil Gapgapduir and Balit Murrup
- Ensure any further recommendations from the Commission are consistent with, compliment and build the existing commitments outlined in the documents above

Addressing the alarming overrepresentation of Aboriginal children and young people in OOHHC requires an urgent review and reconfiguration of funding arrangements so that funding is not allocated per population but rather in-line with Community need and achieving outcomes as opposed to outputs.

At this stage, funding agreements are short-term, and the Alliance calls for all funding agreements to be a minimum of five years so that ACCOs can plan for the necessary growth to assume legal guardianship (Section 18), and to provide holistic care and support to children and families to prevent child protection measures.

Beyond the increase and transfer of resources, ACCOs also need flexible funding agreements to transform the provision of care to one that is informed by Aboriginal knowledge and accommodates for the



provision of holistic supports to prevent, intervene and heal the complex needs of at risk Aboriginal communities. There is no-one size fits all approach, and true self-determination will allow for Aboriginal communities to decide what supports are needed within the community.

The path to true self-determination has been established in *Wungurilwil Gapgapduir*, evident in the agreements following statements:

- “Aboriginal self-determination requires government and mainstream organisations to relinquish power, control and resources to Aboriginal organisations.”³³
- The agreement also commits to addressing “the current and historical funding inequities and barriers so Aboriginal organisations are fully resourced to deliver a continuum of services.”³⁴
- “Aboriginal communities have choice, control, authority and responsibility for determining the priorities and delivering services for Aboriginal communities. Culture, self-determination and self-management sit at the heart of all policies, practices and decisions.”³⁵
- “Trusted relationships (are) driven by accountability.”³⁶
- “The continuous expansion of Aboriginal organisations, functions requires increased capacity, infrastructure, funding, capability and self-management to ensure that services are equipped to meet the needs of all Victorian Aboriginal children, young people and families.”³⁷

Recommendations

Reform child and family service funding models to ACCOs to ensure they are long term (minimum 5 years)



Priority Area Two: Invest in Flexible Prevention and Early Intervention Programs

Drivers of Child Removal: Socio-ecological Perspectives

In the context of a model of Aboriginal Health and Wellbeing and child protection, early intervention and prevention requires addressing the drivers behind the need for child protection involvement and the severe overrepresentation of Aboriginal children in OOHC.

Numerous studies and investigations into the overrepresentation of Aboriginal children and young people in OOHC cite a hybrid of factors leading Aboriginal children to be removed from their families³⁸.

The social, historical, economic and political environments in which families and communities operate today cannot be ignored³⁹. This is because of the ongoing trauma and weight of Australia's colonial past, the forcible removal of Aboriginal children from their families, and past government policies to erode the culture and assimilate communities of Australia's First Peoples,

The ongoing impact and trauma of colonisation can still be seen today- and nowhere is this more significant than in Victoria's Aboriginal Communities:

- 11.5 percent of Victorian Aboriginal people who responded to the survey and were living in households with children

had been removed from their natural family and

- 47.1 per cent had a relative who had been removed.
 - This was much higher than the national rate of 7.0 percent of Aboriginal people in the survey who had been removed from their family and 37.6 percent who had a family member who had been removed.
- 40

The correlation between the higher rate of child removals and the higher rate of relatives removed from the Stolen Generation should be further investigated by the current inquiry.

Family stress is also higher in Victoria than across the nation, with nearly 80 percent of Victorian Aboriginal households experiencing one or more life stressors. This was almost double that for non-Aboriginal households and higher than for Aboriginal households in Australia⁴¹.

The impact of poverty, stemming from colonisation and ongoing racism and discrimination, is also a significant factor in a family's ability to provide a healthy and stable home, to buy food and clothing, and to access health care and other vital family supports.

“Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of genuine employment and good health: a life of choices and opportunity, free from discrimination.”⁴²



Systemic Factors

Annette Jackson (2001), in her paper on child protection and the Aboriginal community at the Eighth Australasian Conference on Child Abuse and Neglect, suggested five interrelated factors that may influence the degree of over-representation of Aboriginal children removed from their families:

- The protection and care system may be overly interventionist with Aboriginal children, even if unintended. This may be influenced by a limited understanding of cultural differences or the impact of history on Aboriginal families and communities.
- Fear, distrust and overt hostility may be more prevalent from Aboriginal parents towards child protection due to their experience of previous government policies, as the predecessors of child protection implemented the Stolen Generations policy. This hostility may lead to fewer interventionist options that require parental cooperation being less available to Aboriginal parents.
- Disadvantages experienced by many Aboriginal families, such as poverty, transience, substance abuse and other risk factors, can create greater risk of abuse and neglect.
- Absence of Aboriginal-specific universal and prevention services that could increase the potential to engage Aboriginal families in earlier intervention.
- The disproportionately large number of infants and young people in Aboriginal communities (and disproportionate low numbers of older Aboriginal people) may create greater pressures on the community to care for and raise their children⁴³.

These five factors, and a means to provide protective elements to overcome them, will be addressed in the following chapters.

Findings from Taskforce 1000

The review of 980 cases in *Taskforce 1000* conducted in 2015 also provided the known individual factors driving Aboriginal children's removal from their homes.

Of the 980 cases reviewed, incidents of family violence were apparent in 88 percent of the cases, followed by substance abuse (87 percent) and parental mental illness at 60 percent⁴⁴.

A survey of our Members concluded that mental illness was a much higher cause of removal, with ACCOs estimating this was present in over 70 percent of the child protection cases they had seen and, when paired with substance abuse, was present in almost one hundred percent of the cases.

The criteria for child protection to remove a child is child abuse and/or neglect or a very high likelihood that this will occur. It is important to note that cases of neglect are much higher in Aboriginal families than non-Aboriginal families.



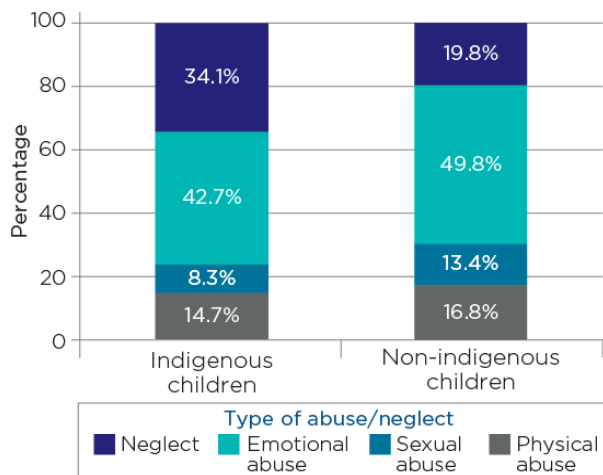


Figure 1: Children who were the subjects of substantiations of notifications received during 2016/17, by Indigenous status and type of abuse (%)⁴⁵

Our philosophy and approach to Aboriginal health and wellbeing is holistic and informed by a strengths-based approach, and from this perspective a family and/or parent struggling to cope is not indicative of neglect or lack of a loving household.

This view is substantiated by findings that higher rates of neglect are consistent with the disadvantaged socio-economic conditions prevalent in many Aboriginal Communities, such as overcrowding, unemployment and limited access to services⁴⁶.

Priority 2.1: Early Intervention

The most troubling aspect of the current child protection system is the lack of investment into early intervention. The current model of funding maintains the status quo, with the *Family Matters Report* showing that only 17 percent of child protection funding goes towards early intervention measures⁴⁷. As opposed to existing on a continuum, with the removal of children as a last resort, child protection operates in isolation and interventions are often defined by a crisis

threshold, with little recourse to intervene with families at risk and to protect vulnerable children.

Recent mapping of current family services funding to ACCO's shows there is approximately \$19 million in family services case management funding statewide. The allocation required to reach proportional distribution with mainstream family services case management funding is exceeded by around \$2 million. Despite this there is significant disparity across (DHHS divisions) Victoria where need and corridors of Aboriginal population growth reside.

Priority 2.2: Providing Support to Families

Failing to intervene early in episode when viewed in the context of the high rates of parental mental illness⁴⁸ is a systemic failure to support vulnerable families. Under the current model, a parent suffering from mental illness is viewed as a neglectful parent as opposed to the neglect being viewed as a symptom of their illness.

To varying degrees, our members have established services to wrap-around vulnerable children and families- but a far greater investment, and flexibility in funding, is needed to adequately support parents and families in crisis.

An example of this is a mother who suffers from debilitating depression, and is unable to cook and provide healthy meals for her children. As a result of her being bed-bound, her children frequently miss days of school. Under the current model, child protection may deem the children neglected which may lead to their removal; with little investment



into flexible options for early intervention, removal may be the only course of action.

An alternative model is to engage with—and provide resource to— local ACCOs, to provide a range of supports to the mother and her children. It may mean that a support person assists the family to prepare healthy meals, arrange a school pickup and drop off, and the mother receives therapeutic support and counselling to support her mental health and social and emotional wellbeing.

Another grave concern for the Alliance is the time children spend in OOHC, and lack of attention given to rehabilitate families to reunify with their children. Without early intervention and wrap around family supports early in episode, children are removed from their families and remain in the system indefinitely, with little or no support to strengthen families.

The best interests of the child need to be of the utmost priority, and supports need to be put in place to ensure their safety and wellbeing; however, what also needs to be considered is the further harm inflicted on the child from the removal, and the harm caused to a parent already suffering from mental illness.

Recommendations

Invest in flexible early intervention, prevention and family strengthening models at ACCOs through funding that is flexible, long term and outcomes based

Priority 2.3: Making Sure Vulnerable Children Don't Fall Through the Gaps

The all-or-nothing approach of the current system simultaneously fast tracks at-risk families towards child protection or fails to provide adequate supports to vulnerable children as a group inquiry conducted by the Commission for Children and Young People in 2018 demonstrates.

The inquiry into cumulative harm and youth suicide examined the services provided to 26 children who were involved with child protection and died as a result of suicide between 2007 and 2015.

The inquiry found these children were often exposed to significant risks and persistent harm from an early age; however, the system did not intervene to provide adequate support or protection.

The inquiry provided a detailed examination of Child Protection's response to children, young people and families with respect to mental health. It found that mental health problems were prevalent for the children who died:

- 19 of the 26 children had received a diagnosis of depression, and 17 had been prescribed medication for the treatment of mental illness.
- All 26 children had experienced multiple sources of harm.
- The risks of harm to children were compounded by the parents' own challenges; 18 of the 26 children had a parent with a mental illness, 17 had a parent with problematic alcohol or other drug use, and 15 had a parent with their own history of childhood abuse, showing the existence of intergenerational trauma.



- All of the 26 children who died had contact with multiple service providers and authorities— including mental health services, Child Protection services and educational services—over their lifetime.
- Child Protection received multiple notifications for each child, with an average of seven reports for each child.
- Of the notifications made, more than 90 percent of the reports were closed at intake or investigation and two thirds were closed without any further action.
- Despite the complexity of the children's risk factors and vulnerabilities, approximately ten percent of reports resulted in some level of protective intervention.
- As a result of Child Protection's failure to adequately identify and respond to the risk of cumulative harm and its impact and the voluntary service system's inability to engage these children's parents, children continued to experience trauma, which continued to adversely impact their mental health⁴⁹.



Priority Area Three: Invest in Culture

*“Culture is not a perk for an Aboriginal child – it is a life-line”
(Andrew Jackomos)*

Culture is an inalienable human right for Aboriginal children and young people- enshrined in Victorian and international legislation- it is also a vital protective factor for their social and emotional wellbeing.

Domain	Description	Examples of risk factors	Examples of protective factors
Connection to Body	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life.	<ul style="list-style-type: none"> Chronic and communicable diseases Poor diet Smoking 	<ul style="list-style-type: none"> Access to good healthy food Exercise Access to culturally safe, and effective health services
Connection to Mind and Emotions	Mental health – ability to manage thoughts and feelings.	<ul style="list-style-type: none"> Developmental/ cognitive impairments and disability Racism Mental illness Unemployment Trauma 	<ul style="list-style-type: none"> Education Agency: assertiveness, confidence and control over life Strong identity
Connection to Family and Kinship	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.	<ul style="list-style-type: none"> Absence of family members Family violence Child neglect and abuse Children in out-of-home care 	<ul style="list-style-type: none"> Loving, stable accepting and supportive family Adequate income Culturally appropriate family-focused programs and services
Connection to Community	Provides opportunities for individuals and families to connect with each other, support each other and work together.	<ul style="list-style-type: none"> Family feuding Lateral violence Lack of local services Isolation and disengagement from community 	<ul style="list-style-type: none"> Support networks Community controlled services Self-governance
Connection to Culture	Provides a sense of continuity with the past and helps underpin a strong identity.	<ul style="list-style-type: none"> Elders passing on without full opportunities to transmit culture Services that are not culturally safe Languages under threat 	<ul style="list-style-type: none"> Contemporary expressions of culture Attending national and local cultural events Cultural institutions Cultural education
Connection to Country	Connection to Country helps underpin identity and a sense of belonging.	<ul style="list-style-type: none"> Restrictions on access to Country 	<ul style="list-style-type: none"> Time spent on Country
Connection to Spirituality and Ancestors	Spirituality provides a sense of purpose and meaning.	<ul style="list-style-type: none"> No connection to the spiritual dimension of life 	<ul style="list-style-type: none"> Opportunities to attend cultural events and ceremonies Contemporary expressions of spirituality

Table 1: The Domains of Social and Emotional Wellbeing with Risk and Protective Factors from the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing



Legislative Requirements

Despite the promotion and protection of an Aboriginal child's cultural rights recognised in the Children, Youth and Families Act 2005, the Victorian Charter of Human Rights, and The United Nations Declaration on the Rights of Indigenous Peoples, the Victorian government continues to fail to uphold its legislative requirements to see a cultural plan developed for Aboriginal children and young people in OOHC.

Andrew Jackomos, the first Commissioner for Aboriginal Children and Young People, found that as of June 2013, cultural plans were being implemented in less than 10 percent of the cases, "with many lacking in substance and meaning."

The *Always Was, Always Will Be Koori Children* inquiry in 2016 found little improvement, with only 28 percent of Aboriginal children in OOHC having a cultural plan.

The inquiry concluded with a "considerable apprehension about the commitment and capability of agencies providing OOHC to ensure compliance", noting that the "quality of the plans was overwhelmingly poor. Many plans were rudimentary and could be considered tokenistic. They had not been updated or reviewed and had minimal input from the child's parents, extended family or Aboriginal community, nor did they consider the child's views⁵⁰."

The *Always Was, Always Will be Koori Children* report concluded that recurrent investment and capacity building was required so ACCOs could "take a lead role in contributing to the development and implementation of high-quality cultural plans

that attend to a child's right to access and engage with cultural information, access appropriate mentors, engage in sporting and arts activities and celebrations and develop an appreciation and understanding of identity and connection to Country."

As of May 2019, the Department of Health and Human Services reported only 32.5 percent of Aboriginal children in OOHC have a cultural support plan.

In early 2019, the Alliance support staff have conducted a series of site visits to our members and have heard reports that:

- Cultural plans are being developed by predominantly white, female and middle class departmental staff, with little cultural knowledge or understanding. As a result incorrect totems, language groups and Country included in the child's plan.
- It has also been reported that Child Protection workers misunderstand the cultural brokerage funding that ACCOs receive. It has been reported that some Child Protection workers believe there is unlimited funds and that they can direct how it is to be spent. A recent example is when a Child Protection caseworker applied for \$10,000 for one case for a Return to Country visit. The Country they were planning to send the child to was not the child's country and in fact was the child's cousins Country. When the ACCO realised this was the case and approached the caseworker about this they did not understand why this was not appropriate, had already told the child and family they were going on a holiday, and pushed the ACCO to release the funds, leaving the ACCO with a severe brokerage fund deficiency.



- It has been reported that the poor quality of plans produced is due to lack of consultation with Senior Advisors and the child and their immediate and extended family. Due to this, the plans are failing to capture the voice of the child and the family resulting in plans being written from the caseworker's perspective or in a report-like form. Generic and tokenistic activities are included in the plans for the child to undertake to help maintain their connection to culture.
- Due to a lack of cultural knowledge, information included in the plans are reported to be copied and pasted from unreliable online sources, and have no relevance to the child's culture, family or community. There have been cases where cultural support plans have been given to the Cultural Advisor to be reviewed and content has been copied and pasted from another child's cultural plan.

Culture is Healing

National and international research on social and emotional wellbeing of Aboriginal peoples show the protective mechanism of a strong cultural identity against mental health symptoms, and its ability to promote resilience, enhance self-esteem, and engender prosocial coping styles⁵¹.

In the Australian context, connection to culture has been found to be the strongest driving force of resilience against trauma, ongoing racism and discrimination.

The importance of building resilience and emotional regulation is particularly salient in the context of the current national crisis of Aboriginal youth suicide. Adjunct professor Tracy Westerman suggests that in the

context of Aboriginal youth suicide, 60 percent of suicide risk is accounted for by impulsivity:

“Those with impulse-control issues are likelier to have limited coping mechanisms that enable self-soothing specific to interpersonal conflict. This pattern often occurs with those who have trauma and attachment-related issues- the origins of which for Aboriginal families often lie in the removal from primary attachment figures.”⁵²

Studies from social and emotional wellbeing interventions internationally show the success of cultural protective factors in reducing the levels of mental health concerns and suicide in Aboriginal Communities.

A study from British Columbia that looks at clusters of Aboriginal youth suicides and the impact of community-level language centers, found the knowledge of language to be the most successful intervention in driving down rates of suicides within a community. Data taken from the national census with a six year window showed that the emergence of language centers within communities consistently reduced youth suicide levels from 9, 32, 21, 10 and 11 to zero incidents in all communities but one.⁵³



Recommendations

- Increase cultural brokerage so that it is in line with a child's cultural needs decided by the local ACCO (this amount is currently \$425 per year)
- Assign greater responsibility and accountability to carers to see that the cultural plans are followed
- Invest in cultural and language programs at local ACCOs and return to Country camps
- Resource ACCOs to develop and enable the implementation of cultural support plans for every Aboriginal child and young person in out of home care which includes:
 - Return to Country cultural support worker
 - Cultural support persons/Aboriginal mentors
 - Access to genealogy records and services
 - Socialisation/recreational activities with other young Aboriginal people



Priority Area Four: Build and Support Aboriginal Workforce

Building a strong, resilient, ready and able Aboriginal workforce within ACCOs is key to delivering the best social and emotional wellbeing outcomes for children, families and the Community.

Child protection policies in Australia have a dark history and continue to be problematic into the present. To varying degrees this can be mitigated by an Aboriginal workforce in two crucial areas identified by Annette Jackson⁵⁴ in her paper identifying the factors leading to overrepresentation of Aboriginal children in OOHHC:

1. The current majority of the non-Aboriginal child protection workforce might be overly interventionist due to a lack of cultural understanding, even if unintended.
2. There is lack of trust from families in dealing with a non-Aboriginal child and families workforce.

To embed and promote an Aboriginal holistic cultural model of care, it is important that our workforce understand the complex issues impacting their clients and actively work to promote a sense of pride in Aboriginal culture. Our community programs and supports are responsive to Community and their program design is informed by cultural understandings and by the needs felt on the ground.

Our members want to be the employer of choice for Aboriginal people and to attract a willing, able and resilient Aboriginal child and family services workforce but there remains

a hybrid of challenges in attracting and retaining an ACCO workforce:

1. Inequity of pay and conditions: Aboriginal employees are in high demand across the state, and under our current funding model we are unable to compete with government and other industries to offer comparable salaries. Staff at ACCOs are doing the same roles as those at government, yet making up to \$30,000 less per year.
2. Recognition of informal experience: A large majority of our workforce has invaluable lived experience and cultural knowledge that is not being recognised and financially valued.

Supporting the social and emotional needs of an Aboriginal workforce:

Experiences of vicarious trauma, including isolation and cultural load, can be more pronounced for Aboriginal staff⁵⁵, particularly those working in Aboriginal Children in Aboriginal Care.

We have an obligation as employees to protect the well-being of our staff, but with few resources to support wellbeing programs and supervision this challenge remains pressing.

Recommendations

- Provide pay parity for Aboriginal staff working at ACCOs to be equal to government staff
- Provide Aboriginal weighting to account for cultural knowledge and cultural load
- Provide sufficient resources to allow for backfill, supervision and cultural leave



Priority Area Five: Support Carers

The Aboriginal Child Placement Principle prioritises the placement of Aboriginal children and young people with kin; as a result, over the past couple of years we have seen a significant number of Aboriginal children being placed with kin over foster placements. Contemporary child protection policies see the value of kinship placements for both Aboriginal and non-Aboriginal children and young people. This model is particularly important for Aboriginal children and young people as it keeps children connected to their family, community and culture.

The inequity between payments for kinship placements compared to foster care, the delay in payments and disparate assessments as to the level of complex issues a child is facing and their need for round the clock care, are issues that lead our carers into further financial stress and have negative impacts on their social and emotional wellbeing.

As *Taskforce 1000* found, Aboriginal children and young people in out-home care are significantly more likely to have a disability or mental health concern, and findings from other studies suggest that OOHC children are more likely to be traumatised, or exhibit behavioural concerns⁵⁶.

We have heard from our members that there is a need for carers to quit employment, reduce their workload, or make significant changes to personal and social commitments in order to provide the care Aboriginal children with complex needs require.

Statistics from the Victorian *Inquiry into Vulnerable Children* show that the care of Aboriginal children and young people is falling on a group of already disadvantaged people:

Caregivers of Aboriginal children were predominately:

- aged over 50 (65 percent),
- female and frequently single and,
- living in poverty with often crowded housing.

Aboriginal carers were also caring for larger numbers of children (average 2.4) than non-Aboriginal carers (average 1.8)⁵⁷.

The disadvantage experienced by carers, and the lack of adequate financial and social supports they receive, should be of concern to the Commission, as the additional financial loss and stress of caring for children with complex needs can negatively affect carers' social and emotional wellbeing- which in turn could affect the ability to care for vulnerable children. This is further demonstrated by the high correlation between social disadvantage and mental illness⁵⁸.

We have also heard from kinship carers regarding their inability to balance work commitments, care for the children in their care with complex needs, and their financial losses- thereby ending the placement. These carers have subsequently reported the child has moved to foster care, and the payments made to foster carers doubles based on an assessment of that child's needs.

These issues may also contribute to the difficulty felt by our members in recruiting Aboriginal carers- the costs are too high for



families already in financial stress or the level of care required might be too high for those in employment.

Recommendations

- Raise the level of kinship payments to be on par with foster payments
- Consider an Aboriginal weighting to carers' payments that accounts for the additional need of Aboriginal children and young people
- Fund ACCOs to run kinship carers support groups and yarning circles to support their social and emotional wellbeing
- Investigate models of respite care/daycare after school care for Aboriginal children and young people in OoHc to support carers social and emotional wellbeing



Priority Area Six: Develop and Embed an Evidence Base for a Cultural Model of Care

To prepare for the future, expand our services and secure better outcomes for Aboriginal children and families, we need to develop a strong evidence base for our cultural model of care. As explored in the chapters above, our service delivery and design is holistic, adaptable and informed by an Aboriginal concept of health and wellbeing that sees the whole person, and an individual's interactions with culture, community and Country.

We know that what we are doing works—we see proof of this every day. But Western definitions of health, and research and evaluation, fail to capture the whole picture and many of the successes we achieve fall through the gaps.

To date, there have been several consequences for not capturing the whole picture of the work Aboriginal organisations do:

1. Funding streams have traditionally been focused on outputs and/or targets not based on improved outcomes for our people
2. The holistic supports we provide aren't captured and go largely unrecognised and unfunded.
3. Without research and evaluation of the work we do, there is little opportunity to share key findings with other organisations in order to replicate
4. Without an Aboriginal model of care for the child and family services sector there are few mechanisms to ensure the delivery of culturally safe and appropriate responses to Aboriginal children and young people.

Recommendations

- Design a central dashboard report card to capture the picture of Aboriginal children in OoHC in Victoria, including statistics such as the number of children in OoHC, number of reunifications and reasons for Aboriginal children entering care
- Develop an evidence base to support the concept of a cultural model of care
- Establish an independent, Aboriginal-led and designed inquiry in the social and emotional wellbeing of Aboriginal children and young people who come in contact with child protection and out of home care



Conclusion:

The overrepresentation of Aboriginal children removed from their families is reaching crisis point. Aboriginal children and young people with experiences of OOHC could be the most vulnerable population in the nation to mental illness and suicide. Yet, despite their overrepresentation in the system, there has been little investigation into the longitudinal effects on childhood removal and OOHC on the social and emotional wellbeing of Aboriginal children and young people.

The current child protection system is maintaining this status quo and doing further harm to the social and emotional needs of Aboriginal children, young people, families, carers and Community. We are doing what we can to protect and preserve the social and emotional health of our children through culture and rebuilding a child's sense of identity and community. But without a serious investment address the drivers behind child protection, and a redesign of a more holistic that accounts for the socio-environmental factors and offers supports early in life and early in episode, the rates of child removed from their homes will continue to grow.

Only a holistic approach which looks at the family unit as a whole, and takes into account the social, political, historical and cultural factors impacting that family and provides flexible supports will address the overrepresentation of Aboriginal children and young people in OOHC.

A failure to do so, only treats the symptom but not the cause, and does further harm to an already vulnerable population. Removing children from their homes has a ripple effect, not only on the families but the Community as a whole:

“Health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total wellbeing of their communities.”⁵⁹



End Notes

- 1 Department of Health and Human Services, 2017, Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027, Victorian Government
- 2 Victorian Council of Social Services, Rethinking Mental Health: Submission to the Productivity Commission Inquiry in the Social and Economic Benefits of Improving Mental Health, Retrieved 2 July 2019
{https://www.pc.gov.au/__data/assets/pdf_file/0016/241252/sub478-mental-health.pdf}
- 3 Lowitja Institute, 2018 Journeys to Healing and Strong Wellbeing Final Report, The Lowitja Institute, Melbourne, p.27
- 4 Julie Nimmo, Brooke Fryer, Rangi Hirini, 2019, Inquest into Indigenous youth suicides suggests shift to 'cultural healing, NITV. Retrieved 2 July 2019
{<https://www.sbs.com.au/nitv/nitv-news/article/2019/02/07/inquest-indigenous-youth-suicides-suggests-shift-cultural-healing1>}
- 5 Department of Premier and Cabinet, 2018, Victorian Aboriginal Affairs Framework, State Government of Victoria.
- 6 Ibid.
- 7 Department of Health and Human Services, 2018 Wungurilwil Gagapaduir: Aboriginal Children and Families Agreement, State of Victoria.
- 8 SNAICC, Melbourne University, Griffith University, Family Matters Report 2018, Melbourne.
- 9 Ibid.
- 10 Rachael Knowles, 2019, 'Aboriginal kids in out-of-home care are the most vulnerable children in the whole of Australia' in National Indigenous Times. Retrieved 2 July 2019 {<https://nit.com.au/aboriginal-kids-in-out-of-home-care-are-the-most-vulnerable-children-in-the-whole-of-australia/>}
- 11 Bamblett, M., Frederico, M., Harrison, J., Jackson, A., & Lewis, P. (2012). 'Not one size fits all' Understanding the social & emotional wellbeing of Aboriginal children. Bundoora: La Trobe University.
- 12 Australian Bureau of Statistics, 2017, Intentional self-harm in Aboriginal and Torres Strait Islander People, Retrieved 27 June 2019
{<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/bypercent20Subject/3303.0~2017~Mainpercent20Features~Intentionalpercent20selfharmpercent20inpercent20Aboriginalpercent20andpercent20Torrespercent20Straitpercent20Islanderpercent20people~10>}
- 13 Gerry Georgatos, 2015, Catastrophic suicide crisis will escalate "unless", The Stringer. Retrieved 27 June 2019 {<https://thestringer.com.au/catastrophic-suicide-crisis-will-escalate-unless-10775#.XRQdIOgzaUk>}
- 14 Commission for Children and Young People, 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of- home care in Victoria (Melbourne: Commission for Children and Young People, 2016).
- 15 McLean, S 2016, The effect of trauma on the brain development of children Australian Institute of Family Studies, Australian government. Retrieved 27 June 2019, {<https://aifs.gov.au/cfca/publications/effect-trauma-brain-development-children>}
- 16 Commission for Children and Young People, 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in OOH in Victoria (Melbourne: Commission for Children and Young People, 2016).
- 17 Kandasamy, N., McClellan, M., & Corrales, T, 2016, Children in Care Report Card. Melbourne: Anglicare Victoria
- 18 Lok L, Tzioumi D.,2015, Mental Health Needs of Children in out-of-homeCare, Sydney Children's Hospital, Sydney, NSW, Australia.
- 19 McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016, The lifetime economic and social costs of child maltreatment in Australia, Children and Youth Services Review, vol. 71, pp. 217-226
- 20 Gresen, I, 2018 'Childhood trauma doubles risk of mental health conditions'. Retrieved 27 June 2019
<http://theconversation.com/burden-of-trauma-and-ptsd-in-young-british-people-revealed-new-research-112168>.
- 21 Muir, S., Purtell, J., Hand, K., & Carroll, M., 2019, Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria. Melbourne: Australian Institute of Family Studies.
- 22 Australian Institute of Health and Welfare, 2017, Young people in child protection and under youth justice supervision: 1 July 2013 to 30 June 2017
- 23 Human Rights and Equal Opportunity Commission, 1997, Bringing them home : report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, Sydney.
- 24 Commission for Children and Young People, 2016 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of- home care in Victoria.
- 25 Ibid.
- 26 SNAICC, Melbourne University, Griffith University, Family Matters Report 2018, Melbourne.
- 27 Commission for Children and Young People, In the Child's Best Interests, Melbourne.
- 28 Productivity Commission, Report of Government Services, Chapter 16 Child Protection, 2018 in RMIT ABC Fact Check, "Have removal rates of Indigenous children increased 400 per cent since 2008?", <https://www.abc.net.au/news/2018-12-12/fact-check-removal-rates-of-indigenous-children/10566014> accessed 21 Jun
- 29 SNAICC, Melbourne University, Griffith University, Family Matters Report 2018, Melbourne
- 30 The Harvard Project on American Indian Economic Development 2010, About Us: The Harvard Project on



American Indian Economic Development, viewed 17th June 2018, <<https://hpaied.org/about>>.

31 Ibid.

32 Centre for Excellence in Child and Family Welfare, 2015, Beyond Good Intentions.

33 Department of Health and Human Services, 2018 Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement, State of Victoria.p. 7

34 Ibid, p. 7

35 Ibid, p.7

36 Ibid, p.7

37 Ibid, p.

38 Bamblett, M., Frederico, M., Harrison, J., Jackson, A., & Lewis, P. (2012). 'Not one size fits all'

Understanding the social & emotional wellbeing of Aboriginal children. Bundoora: La Trobe University

39 Pat Dudgeon, Michael Wright, Yin Paradies, Darren Garvey and Iain Walker 2014, " Aboriginal Social, Cultural and Historical Contexts" in Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Pat Dudgeon, Helen Milroy and Roz Walker (ed), pp- 3-25.

40 Department of Education and Early Childhood Development, 2009, The state of Victoria's children: Aboriginal children and young people, State of Victoria.

41 Ibid

42 - Mick Dodson, Annual Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner, 1993

43 Annette Jackson in collaboration with Muriel Cadd, Melissa Brickell, Gwen Rogers and Gill Harrison, "Child Protection – Working more effectively with Aboriginal families: Ideas and Processes" paper at the Eighth Australasian Conference on Child Abuse and Neglect, November 2001, pp. 8f.

44 Commission for Children and Young People, 2016 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of- home care in Victoria.

45 Australian Institute of Family Studies, 2019 Child protection and Aboriginal and Torres Strait Islander children, Australian Government, Canberra. Retrieved 4 July 2019 [<https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>]

46 Ibid.

47 SNAICC, Melbourne University, Griffith University, Family Matters Report 2018, Melbourne.

48 Commission for Children and Young People, 2016 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of- home care in Victoria.

49 Commission for Children and Young People, Submission to Productivity Commission into Social and Economic Benefits of Improving Mental Health, March 2019. Retrieved 27 June 2019

{https://www.pc.gov.au/__data/assets/pdf_file/0008/240794/sub278-mental-health.pdf}

50 Commission for Children and Young People, 2016 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of- home care in Victoria.

51 Bamblett, M., Frederico, M., Harrison, J., Jackson, A., & Lewis, P. (2012). 'Not one size fits all'

Understanding the social & emotional wellbeing of Aboriginal children. Bundoora: Trobe University.

52 Westerman, T 2019, Sick heart of a generation, The Australian. Retrieved 4 July 2019

[<https://www.theaustralian.com.au/inquirer/sick-heart-of-a-generation/news-story/d7fe1d4f9cb8fd1a9135c211bb201dbe>]

53 Chandler, M., Hallett D., Lalonde, C., Aboriginal language knowledge & youth suicide, Cognitive Development, 22, 393-399.

54 Annette Jackson in collaboration with Muriel Cadd, Melissa Brickell, Gwen Rogers and Gill Harrison, "Child Protection – Working more effectively with Aboriginal families: Ideas and Processes" paper at the Eighth Australasian Conference on Child Abuse and Neglect, November 2001, pp. 8f

55 Department of Health and Human Services, 2018 Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement, State of Victoria.

56 Lok L, Tzioumi D.,2015, Mental Health Needs of Children in out-of-homeCare, Sydney Children's Hospital, Sydney, NSW, Australia.

57 Report of the Protecting Victoria's Vulnerable Children Inquiry Volume 2, Chapter 12: Meeting the needs of Aboriginal children and young people, State of Victoria.

58 Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos G., & Holland, C. (2016). Solutions that Work: What the evidence and our people tell us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report. University of Western Australia. Perth.

59 Swan P, Raphael B, National Aboriginal Community Controlled Health Organisation, 1995, Ways forward: National consultancy report on Aboriginal and Torres Strait Islander mental health, Australian Government Publishing Service, Canberra

